Elders in Crisis

Training Provided by
Terri Haaga, LICSW, GMHS
Geriatric Regional Assessment Team
(**The GRAT team**)

Questions:

- ***How many of you (or your officers) have gone out on calls in the past 3 months involving someone over 60?***

- ***What was the reporting problem?***

- ***Do you believe there is an increase in calls regarding Elders?***

Here's an excerpt from a Seattle Police Department Incident Report:

- *"Mrs. G." an 87-year old widowed Caucasian female with dementia with delusions …police were called to her home after she dialed 911 at 2 a.m. to report that someone was breaking into her home…*

No sign of forced entry…

Mrs. G. went on at length about how valuables are constantly missing from her apartment. …She was unable to provide specific details about these events.

She began to talk about killing herself. She said if she still had her pistol she would shoot herself….I asked her if she felt like killing herself now, and she said she was not sure.

Because of her talk of hurting herself, and her paranoid state of mind, I decided to have Mrs. G. brought to HMC for a mental health evaluation. I initially convinced Mrs. G. to go voluntarily, but she refused to go when the ambulance arrived.

Mrs. G. got progressively angry with me. She adamantly refused to go to the hospital… and ordered me to leave her apartment several times. I told her I was concerned for her safety and could not leave. I had requested that my supervisor respond to assist me… Mrs. G. began fumbling through a drawer in her kitchen and suddenly produced a knife, listed under item #5.

Brandishing the knife towards me, Mrs. G. again told me to get out of her home. I told her to put the knife down. Mrs. G. looked at the knife like she was confused about what she had in her hand. She immediately put the knife back in the drawer and closed it…

I told Mrs. G. to sit in a chair in her living room and she complied. She was still yelling at me to leave her apartment. Over the radio the Sgt. called to say he was locked out of the building.

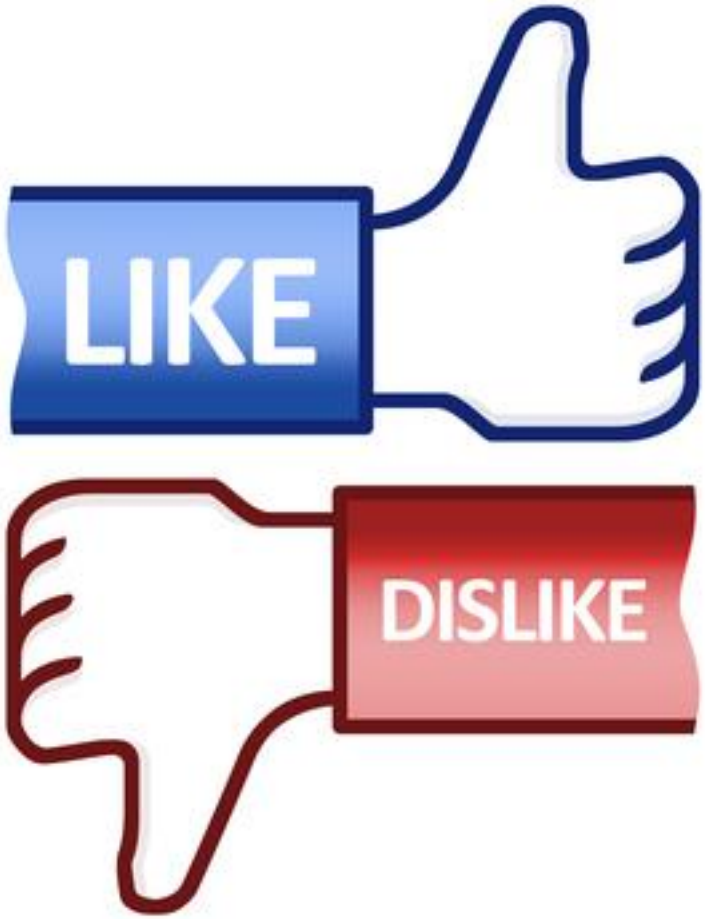
I told him to call the apartment intercom system and I would buzz him in.

When Mrs. G's phone rang, I told her it was my boss calling for me ...I asked Mrs. G. what number I needed to push. She told me to get off her phone, and reached over and tried to grab the phone receiver from me.

I pulled away from her and Mrs. G. then grabbed the base of the phone from a nearby table and attempted to strike me with it.

I was able to knock it out of her hand. I then escorted Mrs. G. out of the apartment so there would not be any further items for her to attempt to assault me with. Mrs. G. attempted to break away from me, scratch me and bite me.

I told her to relax and attempted to calm her down, but she was quite enraged. Sgt. and ambulance crew arrived. Mrs. G. was then transported to HMC for a mental health evaluation.



- What did you hear in this report that tells you this person's decision making capacity was diminished?

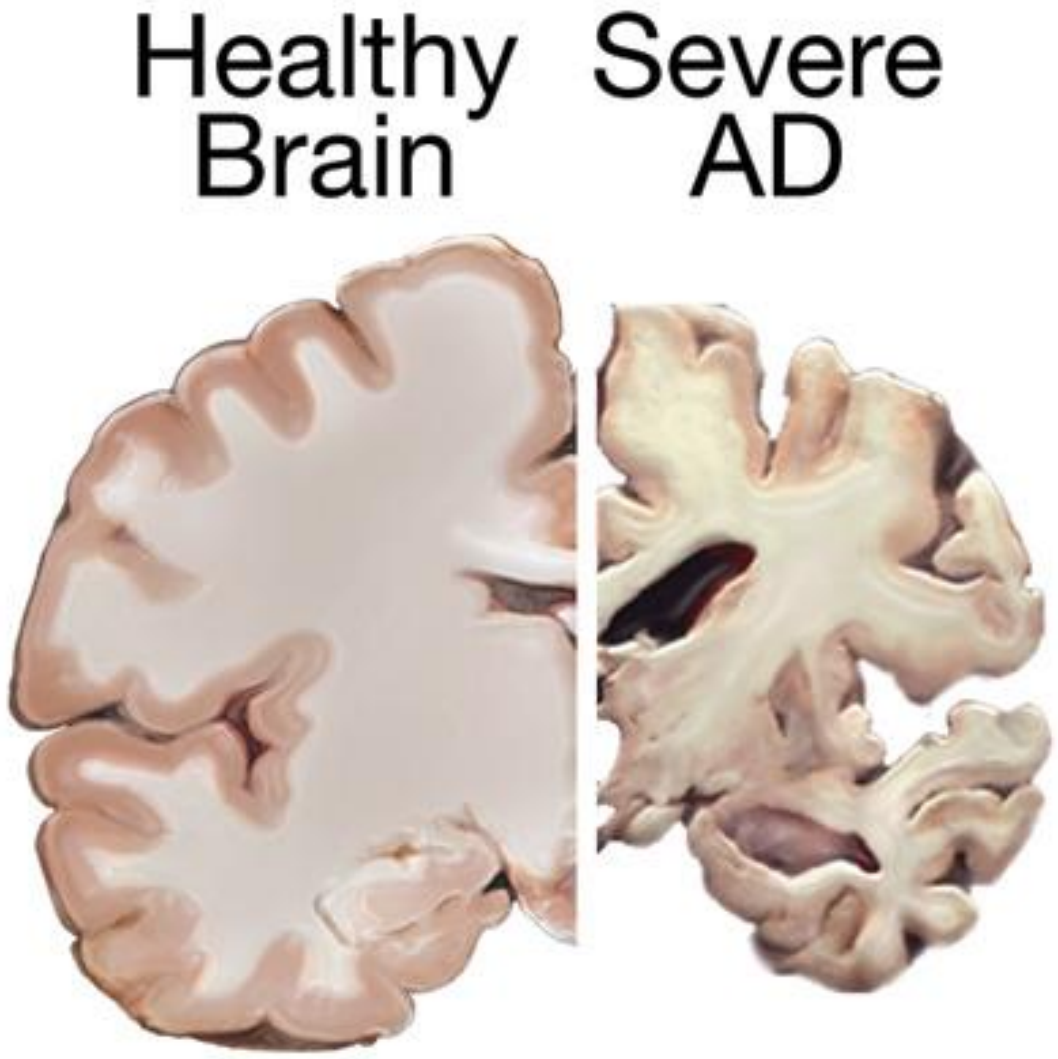
What is dementia?

- "Dementia"

  Latin: de (*out of*) mens (*mind*)

- Irreversible cognitive decline that causes significant impairment in social, personal and occupational functioning.
- Person often is physically healthy.
- No known cause or cure.

Remember this when you're talking with a possible dementia sufferer:

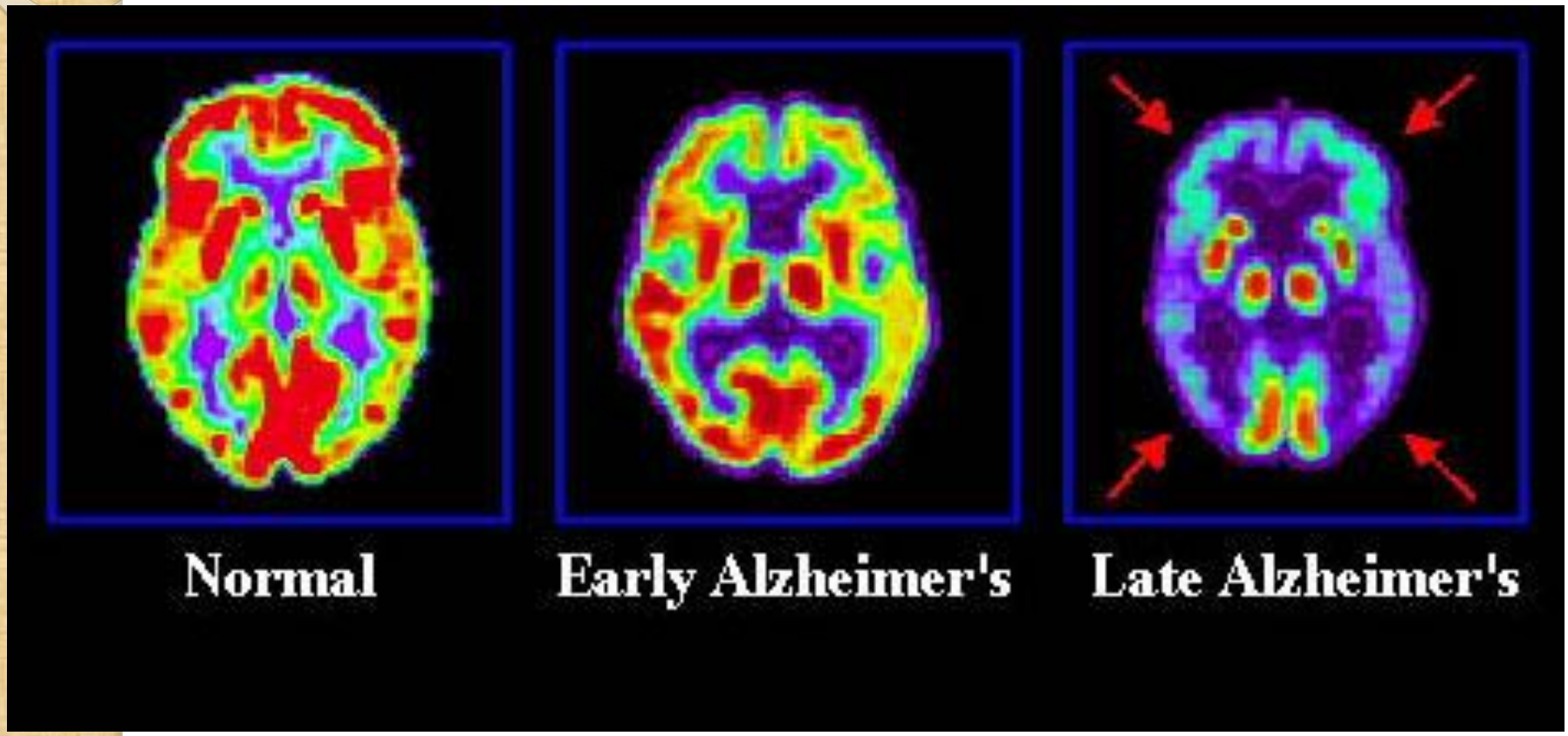


EvergreenHealth

Common Dementias:

- Most common form of Dementia is Alzheimer's Disease – the MOST common cause of dementia in people age 65 + - found in 60% of all dementias
- #2 Vascular Dementia (post-stroke, cardiovascular diseases, diabetes)
- #3 Alcohol-induced Persisting Dementia
- *#4 Others such as frontal lobe type dementia and Mixed Dementias*

And this…



Dementia Percentages:

- 10% of over-65 population have a dementia.
- 30% of those over 80 years of age have a dementia
- 50% of those over 85 years of age have a dementia

The symptoms of dementia:

- Memory impairment
- Language Disturbance
- Inability to learn new information – i.e. cannot operate a coffee pot or microwave
- Impaired ability to carry out motor activities

EvergreenHealth

- Difficulty planning, organizing and abstracting

Think about the process of planning and cooking a 3 course meal…people with dementia often cannot do this kind of mental task – affects all areas of life

Dementia or Delirium? What's the difference?

Delirium is a medical emergency which is characterized by an ***acute and fluctuating*** onset of confusion, disturbances in attention, disorganized thinking and/or decline in level of consciousness. It needs to be assessed for ***immediately.***

DELIRIUM may be caused by :

- Alcohol or sedative drug withdrawal
- Drug abuse
- Infections such as **urinary tract infections or** pneumonia
- Poisons
- Surgery
- Untreated or unknown medical issues such as diabetes
- Strokes
- Watchwords: "Never seen them act like this before" "This just started out of nowhere"

Other Symptoms:

- Impaired Judgment – impulsive words or actions – GUNS
- Disorientation – not oriented to time, place or person - Can do basic orientation tests
- Confusion
- Changes in mood and behavior

Other Mental Health Disorders

Depression - #1 MH disorder in Older Adults – common cause of suicide

Anxiety Disorders - #2 most common

Delusional Disorder – usually seen in isolated older adults

Continuation:

- Bipolar Disorder
- Schizophrenia
- Alcohol/Drug Abuse and Addiction

High Indicators of Crisis in Older Adults (things to be looking for)

- Loose clothing
- Poor hygiene
- Stoves / burners on
- Urine smell/presence of feces
- Wandering
- Violent behavior
- Confusion and living alone
- Neglect of Environment
- Medications Scattered about
- Multiple alcohol bottles

More Indicators:

- Piles of unopened bills
- Frequent falls
- Untreated injury or health problem
- Spoiled food or lack of food
- Refusing assistance when it is needed
- Unaware or too aware of 911
- Unsafe living environment

Interventions with Older Adults
Entering their Environment

- **Building Rapport – most important**
- **#1 GO SLOW**
- **Assess for sight and hearing impairments**
- **Avoid glare**
- **Ask where to sit**
- **If you are going to move something, ask permission to do so**

SKILLS: ENGAGING THE PERSON

- **Show respect –use Mr. and Mrs.**
- **Face to face position at same level—crouch if necessary**
- **Make sure the person can see your face and lips**
- **Clarify why you are there**
- **Avoid making a judgment call**

SKILLS: MAINTAINING SAFETY

- **Do not try to reason with or challenge person's perception – brain picture?**
- **Keep at a distance from canes and walkers**
- **Avoid being deceived by aging appearances**
- **Listen for distrust, suspiciousness, and what voices may be saying**
- **Be aware of your proximity to the door**

SKILLS: GATHERING DATA

GO SLOW

- Allow time to listen to their story
- Speak slowly and clearly
- Ask short questions and use simple words
- Give the elder time to formulate an answer
- Paraphrase to confirm you understand them
- End with "Is there anything else you would like me to know?"
- Explain the next step in your process.

SKILLS: STABILIZING THE ENVIRONMENT

Safety for the person:

- Ask what needs to happen for the person to feel safe
- Decrease their isolation by calling a friend/relative if they agree
- Reinforce their safety…let them know they're safe now

Community Resources

We Are All in this Together

Geriatric Regional Assessment Team

- Provide crisis intervention and stabilization services in King County
- 3 day turnaround; 1 day for law enforcement
- Do geriatric outreach mental health and chemical dependency evaluations in the home/living environment and then refer to community resources to stabilize the elder

DESC *Mobile Crisis Team (MCT)*

- Accepts referral from first responders for any individual who appears to be in a mental health and/or chemical dependency crisis
- Designed to diffuse potential volatile interactions between police and MI or CD
- Mitigate a crisis in the moment
- Help to create a stabilization plan until further resources can be found

Adult Protective Services

- They have an investigative role – and go for guardianships and vulnerable adult protection orders.
- They investigate for
- Neglect
- Abuse
- Self-Neglect
- Financial Exploitation
- Abandonment
- FAX CLAIMS (KC 206.626.5705)

Alzheimer's Association

Can provide information, support and training for families and friends of people with dementia.

Most people do not understand dementia or how to work with it. Can make referrals to the Connections program.

Senior Information and Assistance

- FRONT DOOR to senior programs in every County.
- Can and do make referrals for many services.
- KC – 206.448.3110

Department of Licensing

- Mail in or fax in Request for Re-examination Forms.

Crisis Clinic

- Provide a 24 hour hot line phone service for people in Crisis.
- Can give the number for people who are in need of support and/or anxious.
- They do next day crisis appointments at Community Mental Health Centers.

DMHPs

They assess for :

- - Danger to self, Danger to others
- - Gravely-disabled
- - Destruction of property
- They are the only agency that can do involuntary commitments – detain people against their will.

KC **Phone: 206-263-9200**
Fax: 206-205-5192

EvergreenHealth

Success Outcomes and Goals

- Goal is ALWAYS long term stabilization!

Law Enforcement calls usually involve:

*Someone has alleged break in or theft

*Suspicious activity in neighborhood/house

*Other person calls – elder is acting different than usual, doing something unsafe, wandering, possible exploitation, delusional

*Repeated calls to 911

Examples of Successes

- Examples from the field
- Not all cases end in Long Term stabilization
- What else can we do?
  - "Building a case"
  - Educating those around the elder


Thank You!